



Alaska Spring 2014 HSGQE Retest Student Rescore Request Form

Rescore Request Checklist:

- ☐ **Completed** Student Rescore Request Form
- ☐ Purchase Order (made out to DRC)
Data Recognition Corporation
13490 Bass Lake Road
Maple Grove, MN 55311
- ☐ Fax or email to EED at 465-8400 or kari.quinto@alaska.gov

Application Procedures and Timelines:

1. The Student Rescore Request Form must be **fully completed** by the district and must be faxed or emailed to the Department of Education & Early Development (EED), for approval. EED approval consists of verification of the student scores in the content areas that are being appealed. Once approved, EED will fax the form to DRC on behalf of the district.
2. EED must receive requests for rescoring the HSGQE Retest no later than 3:30 p.m. on **May 9, 2014**. Results will be provided by May 23, 2014.
3. Rescore requests will incur processing charges. A handling charge of **\$50.00 per student, per content area**, is required for each appeal and must be submitted with a purchase order **made out to Data Recognition Corporation** at the address above.
4. DRC will provide a memo and scoring results to EED and the district indicating whether the student's proficiency level changed or remained the same.
5. If the rescore results a change in the student's proficiency level from "NOT-PROFICIENT" to "PROFICIENT," there will be no charge for the rescore. If the student's proficiency level does not change, DRC will provide the district an invoice for the cost of the rescore process.

Appeals Scoring Procedure

1. A scoring director and/or team leader with experience scoring the item(s) in question will conduct the scoring appeals. The supervisor conducting the rescore will review the anchors and scoring guides used in the original scoring to ensure that the response is scored using the same rules and criteria used in the original scoring.
2. After reviewing the scoring guides and anchors, the supervisor will perform a “blind read” of the student’s response. A blind read is a rescoring of the student’s responses by a reader who has no knowledge of the student’s reported scores. Each response will be given a score based on the established scoring rules and criteria defined and exemplified in the anchors and scoring guides.
3. After completing the blind read, the original scores and the new scores for each response will be compared by the Performance Assessment Project Director. If the new score for a response differs from the original score, the new score will stand as the score of record. A Performance Assessment Services content specialist with scoring expertise in the content area being assessed will confirm any score changes.
4. The student’s total (raw) score is calculated for the test, which is translated into a scaled score and the student’s achievement level is determined. A memo regarding the scoring results is provided to the district and the EED.

**ALASKA CSSA
Spring 2014 HSGQE Retest
STUDENT RESCORE REQUEST FORM**

District Name: _____ **District Test Coordinator:** _____

Phone: _____ **Email:** _____

As the District Test Coordinator or Superintendent, I authorize the rescore request(s) for the following student(s) and have attached a completed purchase order made out to DRC. I have completed all student information below.

☐ Yes

Purchase Order #: _____

Student 1

School Name: _____

Student Name: _____ **Student State ID #** _____

Content Area: ☐ Reading Score: _____ ☐ Writing Score: _____ ☐ Math Score: _____

Student 2

School Name: _____

Student Name: _____ **Student State ID #** _____

Content Area: ☐ Reading Score: _____ ☐ Writing Score: _____ ☐ Math Score: _____

Student 3

School Name: _____

Student Name: _____ **Student State ID #** _____

Content Area: ☐ Reading Score: _____ ☐ Writing Score: _____ ☐ Math Score: _____

Student 4

School Name: _____

Student Name: _____ **Student State ID #** _____

Content Area: ☐ Reading Score: _____ ☐ Writing Score: _____ ☐ Math Score: _____

***PLEASE NOTE: This form will not be processed without an Alaska state student ID number for each student.**

EED APPROVAL/REJECTION:

Dated:

☐ Approved ☐ Rejected

Signature:

Student 5	
School Name: _____	
Student Name: _____	Student State ID # _____
Content Area: <input type="checkbox"/> Reading Score: _____ <input type="checkbox"/> Writing Score: _____ <input type="checkbox"/> Math Score: _____	
Student 6	
School Name: _____	
Student Name: _____	Student State ID # _____
Content Area: <input type="checkbox"/> Reading Score: _____ <input type="checkbox"/> Writing Score: _____ <input type="checkbox"/> Math Score: _____	
Student 7	
School Name: _____	
Student Name: _____	Student State ID # _____
Content Area: <input type="checkbox"/> Reading Score: _____ <input type="checkbox"/> Writing Score: _____ <input type="checkbox"/> Math Score: _____	
Student 8	
School Name: _____	
Student Name: _____	Student State ID # _____
Content Area: <input type="checkbox"/> Reading Score: _____ <input type="checkbox"/> Writing Score: _____ <input type="checkbox"/> Math Score: _____	
Student 9	
School Name: _____	
Student Name: _____	Student State ID # _____
Content Area: <input type="checkbox"/> Reading Score: _____ <input type="checkbox"/> Writing Score: _____ <input type="checkbox"/> Math Score: _____	
Student 10	
School Name: _____	
Student Name: _____	Student State ID # _____
Content Area: <input type="checkbox"/> Reading Score: _____ <input type="checkbox"/> Writing Score: _____ <input type="checkbox"/> Math Score: _____	

Use additional pages as necessary.

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EED APPROVAL/REJECTION:

Dated:

☐ Approved ☐ Rejected

Signature: